

**Receipt For Records  
Removed From Child Care Premises**

Provider Name	Provider ID Number	Licensor Name	Date
Records taken: Specifically identify each record by 1) title, 2) description of record (providing a unique identifier) and 3) the number of pages.			
Title of Records (i.e., Attendance Records or Enrollment Records)	Description of Records (i.e., Identify the Month/Year of Attendance Records or Child's Name on Enrollment Records)	Number of Pages	
On this date _____, the above-identified records were requested by the child care licensor and were removed by the licensor from the premises. The records will be returned to the provider by _____ either in person or via certified mail.			
Provider Signature		Licensor Signature	